



# The Commonwealth of Massachusetts

## Division of Occupational Safety

### Employment Agency Program

399 Washington Street, 5<sup>th</sup> Floor, Boston, MA 02108

Telephone: (617) 727-3696 Fax: (617) 727-0726

## APPLICATION FOR REGISTRATION AS A SERVICE FIRM

CIRCLE ONE: *INITIAL APPLICATION*

*CHANGE OF AGENCY NAME OR ADDRESS*

(Answer All Questions Completely - Attach Additional Sheets if Necessary)

1. FIRM'S NAME: \_\_\_\_\_

2. PARENT OR AFFILIATE COMPANY NAME: \_\_\_\_\_

3 FIRM'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

4 FIRM'S MAILING ADDRESS (if different): \_\_\_\_\_

5 FIRM'S FORMER NAME AND ADDRESS: \_\_\_\_\_

6 FIRM'S TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

7 EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ WEBSITE: \_www. \_\_\_\_\_

8 NAME OF FIRM'S MANAGER: \_\_\_\_\_

9 CIRCLE ONE:

Main Office

Branch Office

10. NATURE OF THE BUSINESS - WILL OR DOES THE FIRM:

(a) Charge a fee for its services? YES NO

(b) If the answer to Question #10a is yes, does the applicant for employment pay ANY of the fee? YES NO

(c) Provide domestic employees to employer families? (Employees who work in a home of the employer family) YES NO

(d) Register person(s) seeking help, employment or engagements? YES NO

(e) Give information as to where and of whom such help, employment or engagements can be solicited? YES NO

(f) Solely provide employers, by electronic means, information pertaining to the biography background and experience of applicants for temporary employment, help or engagement? YES NO

(g) Provide permanent placement services? YES NO

(h) Provide only temporary placement services (less than 10 weeks)? YES NO

(i) Provide only part-time placement services. YES NO

**\*Note: An employment agency need only register with the Division of Occupational Safety, pursuant to M.G.L. c. 140, §46Q, rather than be licensed, pursuant to M.G.L. c. 140, §§46C and 46D, if it can show that the agency's business does any one of the following: a) its business consists solely of providing employers or prospective employers, by electronic means, biographical information, background and experience of applicants for temporary employment, help or engagements, b) its business consists of employing individuals *directly* (that is, it BOTH pays the individuals who furnish temporary or part-time help for others directly AND controls their working hours and other working conditions) for the purpose of furnishing part-time or temporary help to others; or c), except with respect to firms that place domestic employees, none of its fees or charges are paid either directly or indirectly by any applicant for employment.**

11. NAME AND ADDRESS OF APPLICANT (Give Corporate Name and Address, if a Corporation)

Name of Applicant: \_\_\_\_\_ SS or FID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

12. If the agency is a corporation, give the names and home addresses of all officers (attach additional sheets if necessary):

Name of President: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Name of Vice President: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Name of Secretary/Clerk: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

13. If the agency is a partnership, give name and address of each partner (attach additional sheets if necessary):

Name of Partner #1: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Name of Partner #2: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

14. WHAT KIND OF WORK WILL APPLICANTS WHO FIND WORK THROUGH YOUR FIRM PERFORM?  
(e.g. modeling, accounting, secretarial, etc.)

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15. SIGNATURE(S) OF PERSON(S) SUBMITTING THIS APPLICATION

**If the agency is a Corporation, this application must be signed by the president and treasurer.  
If the agency is a Partnership, this application must be signed by all partners.**

I DECLARE THE ABOVE FACTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE ANSWER(S) WILL BE CONSIDERED JUST CAUSE FOR DENIAL OR REVOCATION OF AN EMPLOYMENT AGENCY APPLICATION OR LICENSE.

Name

Address

Date

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16. THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH A COMPLETED APPLICATION FOR REGISTRATION AS A SERVICE FIRM. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT. PLEASE MAKE SURE YOUR APPLICATION CONTAINS THE FOLLOWING

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- ☐ (a) a check or money order for the required \$300 fee for the main office and \$180 for each branch office;
- ☐ (b) an affidavit attesting to compliance with all state tax laws;
- ☐ (c) a copy of the Certificate of Insurance from a current Worker's Compensation Policy including the assigned Worker's Compensation Policy number and applicable WC codes;
- ☐ (d) if the firm is a sole proprietorship or a partnership using a trade name, a copy of the business certificate as filed in the Clerk's Office of the city/town where the agency will be located;
- ☐ (e) if the firm is a corporation, submit a copy of the original articles or incorporation (for new applicants only) or changes or amendments (if applying for a renewal);
- ☐ (f) if the firm is a corporation, submit a copy of the most recent annual report submitted to the Secretary of State, Commonwealth of Massachusetts. (Form AR85)
- ☐ (g) a copy of the front & back of the applicant(s) valid identification (ie. Driver's License, Passport, Resident Alien Card or other governmental photo identification card).

Mail completed application to:

**Division of Occupational Safety  
Employment Agency Program  
399 Washington Street, 5<sup>th</sup> Floor  
Boston, MA 02108**

**The Commonwealth of Massachusetts**  
**Division of Occupational Safety**  
**Employment Agency Section**  
**APPLICATION FOR REGISTRATION AS A SERVICE FIRM**  
**AFFIDAVIT CERTIFYING COMPLIANCE**  
**RELATING TO PAYMENT OF TAXES**  
**(Must be Notarized Before Submitting)**

I, (name) \_\_\_\_\_,

(title) \_\_\_\_\_ of

(name of agency) \_\_\_\_\_,

(agency address) \_\_\_\_\_,

(telephone number) \_\_\_\_\_,

do hereby certify that my firm has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support. (M.G.L. c. 62c, § 49A)

Signed under the pains and penalties of perjury,

This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

SIGNATURE(S):     If sole proprietorship, signature of owner  
                             If partnership, signatures of all partners  
                             If corporation, signature of President or Treasurer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Notary Public